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APPLICANTS

Daniel F. Justin, Logan, UT;
 E. Marlowe Goble, Alta, WY;
 Joel Dever, Nibley, UT;
 Daniel J. Triplett, Providence, UT;

** CONTINUING DATA *****

NONE MRP

** FOREIGN APPLICATIONS *****

NONE MRP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/04/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 27	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i>				
Verified and Acknowledged	<i>B. R.</i> Examiner's Signature	Initials			

ADDRESS

DANA L. TANGREN
 WORKMAN NYDEGGER
 1000 EAGLE GATE TOWER
 60 EAST SOUTH TEMPLE
 SALT LAKE CITY, UT84111

TITLE

Tibial condylar hemiplasty tissue preparation instruments and methods

FILING FEE RECEIVED 1572	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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